

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

1. County Graham
District _____
Town or city Safford

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 89
County Registrar's - No. 80
Local Registrar's - No. 77

2. FULL NAME Rolland Garrett Monticuth
(If death occurred in a hospital or institution, give its NAME instead of street number)
(a) Residence, No. Bronimo Arizona
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. mos. // da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR or RACE American
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) _____
7. AGE Years _____ Months _____ Days _____ IF LESS than 1 day or min. _____
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) none
(c) Name of employer _____

16. DATE OF DEATH (month, day, and year) Dec 3 1923
17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1923 to Dec 5 1923 that I last saw h. 1723 alive on Dec 5 1923 and that death occurred, on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) _____ yrs. mos. // da.
18. Where was disease contracted? Pima
Did an operation precede death? no date of _____
Was there an autopsy? no
What test confirmed diagnosis? none
Signed Blair Schuyler M. D. Safford
Dec 5, 1923 (Address)
* State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PARENTS

9. BIRTH PLACE (city or town) Geronimo
(State or Country) Arizona
10. NAME OF FATHER Rolland Monticuth
(State or country) Graham Arizona
11. BIRTHPLACE OF FATHER Safford
(State or country) Graham Arizona
12. MAIDEN NAME OF MOTHER Lillie Harrison
13. BIRTHPLACE OF MOTHER Puncan
(State or country) Arizona
14. Informant Mrs. Mary Schenck
(Address) Safford Arizona
15. Filed Dec 4 1923 Blair Schuyler Local Registrar.
V. S. No. 1 Filed Dec 8 1923 J. Scott Schuch County Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Safford
20. UNDERTAKER None
DATE OF BURIAL Dec 6 1923
ADDRESS _____